

01-30-02

**NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)**

[X] Duplicate
(check, if applicable)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, DC 20231

Attorney Docket No. 200285.0689/670U1
First Named Inventor: Michael J. Pollack
Express Mail Label No. EL916937528US
Total Pages of Transmittal Form: 2

Transmitted herewith for filing is the non-provisional utility patent application entitled:

URINE DISCHARGE APPARATUS FOR A FEMALE

which is:

an ☒ Original; or

a ☐ Continuation, ☐ Divisional, or ☐ Continuation-in-part (CIP)
of prior Application No. ___ filed ____.

Anticipated Group/Art Unit: ___ or Class __, Subclass __.

☒ This non-provisional patent application is based on Provisional Patent Application
No. 660/264,975, filed January 30, 2001.

Enclosed are:

- ☒ Specification (including Abstract) and claims: 20 pages.
- ☒ Application Data Sheet.
- ☒ Newly executed/unexecuted Declaration (original).
- ☐ Copy of Declaration from prior application.
- ☐ Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).
- ☒ Three (3) sheets of drawings (formal).
- ☐ Transmittal Letter Accompanying Submission of Compact Disc in Accordance
with 37 C.F.R. §1.52(e), plus two identical compact discs (for computer program
Appendix)
- ☐ Nucleotide and/or Amino Acid Sequence Submission, including:
 - ☐ Computer readable copy ☐ Paper Copy ☐ Verified Statement.
- ☒ Under PTO-1595 Cover Sheet, an assignment of the invention
- ☒ Name of Assignee: Greene, Tweed of Delaware, Inc.
- ☐ Certified copy(ies) of ___ Application No(s). ___ filed ___ is/are filed:
 - ☐ herewith or ☐ in prior application ____.
- ☐ Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under
37 C.F.R. §1.27 as ☐ an Independent Inventor, or ☐ a Small Business Concern,
or ☐ a Non-Profit Organization.
- ☐ Preliminary Amendment.
- ☐ Information Disclosure Statement, PTO/SB/08A, and cited references.
- ☐ Request for Nonpublication of Application Under 35 U.S.C. §122(b)

[] Other: _____

The filing fee is calculated as follows:

			SMALL ENTITY			LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$370			BASIC FEE: \$740	
Total	29-20 =	9	X9	\$	OR	X18	\$ 162.00
Independent	4- 3=	1	X42	\$	OR	X84	\$ 84.00
[] Multiple Dependent Claims Present			\$140	\$	OR	\$280	\$
			TOTAL	\$	OR	TOTAL	\$ 986.00

- [] The Commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.
- [X] A check in the amount of \$986.00 to cover the filing fee and a check in the amount of \$40.00 to cover the Assignment recordation fee are enclosed.
- [X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 200285.0689)** as noted below. A duplicate copy of this sheet is enclosed.
- [X] Any overpayments or deficiencies in the above-calculated fee.
- [] Filing fee in the amount of \$_____ as calculated above.
- [X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.
- [X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS:

1/28/02 By: Leslie L. Kasten, Jr.
(Date)

LESLIE L. KASTEN, JR.
Registration No. 28,959
AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.
One Commerce Square
2005 Market Street - Suite 2200
Philadelphia, PA 19103
Telephone: 215-965-1200
Direct Dial: 215-965-1290
Facsimile: 215-965-1210
E-Mail: lkasten@akingump.com

[X] Customer Number or Bar Code Label: 000570
LLK/dlm
Enclosures